



## Menominee County Chamber of Commerce

c/o Menominee Business Center

P.O. Box 910

N559 Library Rd.

Keshena, WI 54135

### APPLICATION FOR MEMBERSHIP

PLEASE PRINT

Name of Business \_\_\_\_\_

Business Owner Name \_\_\_\_\_

Business Address *(Include street address and mailing address)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*PO Box No.*

\_\_\_\_\_  
*City, State, ZIP*

Business Telephone number(s) \_\_\_\_\_

*Area Code*

Please check

Enrolled \_\_\_\_\_ Enrollment # \_\_\_\_\_ Tribe \_\_\_\_\_

Descendant \_\_\_\_\_ *(provide proof with any official document identifying the applicant's parent as being an enrolled member of a federally recognized tribe along with verification of the relationship; (i.e., your birth certificate listing them as your parent(s). See Bylaws for complete list of proof of American Indian status.)*

Non-Indian \_\_\_\_\_

Membership is January 1 through December 31 of each year. Please include membership dues with this application. Write check payable to Menominee County Chamber of Commerce, Inc.

- \$25.00 Business with 3 employees or less
- \$50.00 Business with 4 employee or more
- \$1,500 Corporate Sponsor

This application for membership will be reviewed for approval at the next monthly meeting of the Board of Directors. We will send you a certificate of membership, copy of the bylaws, brochure, and business directory at the first opportunity.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR YOUR MEMBERSHIP.

Method of Payment and Amount: Check \_\_\_\_\_ Cash \_\_\_\_\_